## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09912695

		CLAIMS A	S FILED - PART I (Column 1)		_			SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			1,	(Column 1)		(Column 2)		YPE [		OR			
			/3					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		* 35			X\$ 9=	315	OR	X\$18=		
INDEPENDENT CLAIMS			21_ minus 3 =		6			X40=		OR	X80=		
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+135=		1	+270= '	0	
* 11	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	L		13510				
			MENDED - PART			IOIA		TOTAL	577-00	OR	TOTAL		
٠		(Column 1)	(Colum			(Column 3)	3) SMALL		ENTITY	NTITY OR		OTHER THAN SMALL ENTITY	
		CLAIMS	, , , ,	HIGH		(Column 3)		OWALL	ADDI		OMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	* 7.	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
1. The state of the control of the state of										OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	,	(Colun	nn 2)	(Column 3)	, , , , , , , , , , , , , , , , , , ,						
AMENDMENT B		CLAIMS REMAINING		HIGH NUME	EST		Г		ADDI-		I	ADDI-	
		AFTER		PREVIC	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT		PAID	FOR		l ⊩		FEE			FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u>  *                                   </u>	Minus	***	:	=		X40=		OR	∴×X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un	3		
					:			+135=		OR	+270=		
					, ,		ΔΓ	TOTAL DIT. FEE		OR .	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)	AL				ADDII. FEEL		
ပ		CLAIMS		HIGHE	ST				ADDI-			ADDI-	
AMENDMENT		REMAINING AFTER		NUME PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
		AMENDMENT		PAID F	OR		L		FEE			FEE	
	Total Independent	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
			Minus	***	01.414	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			~"			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								135=		OR	+270=		
**	If the "Highest Nu	mber Previously Pa	id For" IN THIS	S SPACE is	less than	1 20. enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	The "Highest Num	mber Prèviously Pa ber Previously Pai	d For" (Total or	o SPACE is Service is	iess thai nt) is the	า 3, enter "3." highest numbei			opriate box	, ,	•	•	